

# Living Waters Chrysalis Candidate Application

(Please Print)

Name: \_\_\_\_\_ Name wanted on Nametag: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: ( ) Male ( ) Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ what grade are you currently attending in school? \_\_\_\_

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor: \_\_\_\_\_

Have You Been Baptized? Yes\_\_\_\_ No\_\_\_\_

Has Chrysalis Been Explained To You? Yes\_\_\_\_ No\_\_\_\_

Has The Follow-up Program Of Reunions and Gatherings Been Explained? Yes\_\_\_\_ No\_\_\_\_

State briefly why you wish to participate in a Chrysalis weekend and what you expect from it.

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*You must be sponsored by someone who has attended Chrysalis, Emmaus, Cursillo, or other 3-day weekend.*

Sponsor's Name: \_\_\_\_\_ Community: \_\_\_\_\_ Walk: \_\_\_\_\_

Please enclose a pre-registration deposit of \$50 (non-refundable, except if there are no openings). This amount will be applied to your contribution of \$100 for the weekend. This partially offsets the expenses of your weekend. Partial scholarships are available on a limited basis for cases of need. Make check payable to Living Waters Chrysalis. You will be notified of your acceptance and the dates and locations of your weekend. Please notify us if you cannot attend the weekend as soon as possible.

Candidate's Signature: \_\_\_\_\_ Requested Flight # \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Mail completed application (4 pages total) to:**

**Living Waters Chrysalis**

**Attn: Registrar LeeAnn Harrison**

**100 Edna Avenue**

**Adamsville, Al. 35005**

**Scheduled Chrysalis Flights**

**Girl's Flight # 10 – March 18-20, 2011**

## Living Waters Chrysalis Sponsor Sheet

**Sponsors are asked to read the following statement carefully and to give it their prayerful consideration:**

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship.

*(Please Print)*

Sponsor of: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone : \_\_\_\_\_

Church you attend: \_\_\_\_\_

Walk Community: \_\_\_\_\_ Walk: \_\_\_\_\_

Are you now in a reunion group? Yes\_\_\_ No\_\_\_

Why do you feel you candidate would benefit from Chrysalis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will You: Bring your candidate to their weekend? Yes \_\_\_ No \_\_\_

Attend sponsor's hour at send off? Yes \_\_\_ No \_\_\_

Attend Candlelight? Yes \_\_\_ No \_\_\_

Attend Closing? Yes \_\_\_ No \_\_\_

Obtain necessary agape correspondence for your candidate? Yes \_\_\_ No \_\_\_

Assist the candidate in getting into a reunion group? Yes \_\_\_ No \_\_\_

Please include below any pertinent information about the candidate that may help the team to meet their needs.

Comments about the candidate's home situation, personality, leadership ability, and especially any problem areas would be of great assistance. Thank you!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Living Waters Chrysalis Candidate's Health Information

*(Please Print)*

Candidate's Name: \_\_\_\_\_

**Primary Emergency Contact:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hospital Insurance? Yes \_\_\_ No \_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Any reaction to medications? Yes \_\_\_ No \_\_\_ if yes, briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

Any allergies to foods/detergents/etc? Yes \_\_\_ No \_\_\_ if yes briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

Any physical disabilities or limitations? Yes \_\_\_ No \_\_\_ if yes, briefly explain.

\_\_\_\_\_  
\_\_\_\_\_

Other medical information which might be necessary for the proper care of this young person.

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications which the youth is presently taking. An adult will dispense any/all medication to your youth during the weekend. All medications will be kept in a secure location.

\_\_\_\_\_  
\_\_\_\_\_

## Living Waters Chrysalis Parental Consent Form

To whom it may concern:

**The undersigned does hereby give permission for our (my) child: \_\_\_\_\_  
to attend and participate in the Living Waters Chrysalis.**

In case of emergency, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination: anesthetic, medical, surgical or dental diagnosis or treatment: hospital care, to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Living Waters Chrysalis.

I (we) hereby waive and release the Living Waters Emmaus Community of Alabama, Inc. from any and all liabilities resulting from injuries or illnesses while attending Camp Boothe Ministry Center Inc., or while participating in any activities involving the Living Waters Emmaus Community of Alabama, Inc.

**Required Signatures: Must be witnessed by Notary Public.**

**Father:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_**

**Notary Public:** \_\_\_\_\_